

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-046729

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 236 Primary Registration District No. 6128 Registrar's No. 211

STATE FILE NUMBER

FILED DEC 2 1963

## 1. PLACE OF DEATH

a. COUNTY

Shannon

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Eminence

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Home

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Shannon

c. CITY  
OR  
TOWN

Eminence

Inside Limits  
Yes ☒ No ☐

d. STREET  
ADDRESS

(If outside, give location)

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED (Type or print)

First

Norman

Middle

Clay

Last

Galbraith

4. DATE  
OF  
DEATH

Month

Day

Year

November 16 1963

## 5. SEX

M

## 6. COLOR OR RACE

W

## 7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

9/13/78

## 9. AGE (last birthday)

85

## 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Timber Worker

## 10b. KIND OF BUSINESS OR INDUSTRY

Eminence, Mo.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Thomi Galbraith

## 13b. MOTHER'S MAIDEN NAME

Katheryn Farmer

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

No

## 16. SOCIAL SECURITY NO.

None

## 17. INFORMANT

Cora Cook

## Address

1054 Chopin Troy, Mich.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

CHRONIC MYOCARDITIS

### INTERVAL BETWEEN ONSET AND DEATH

15 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (b)

#### DUE TO (c)

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY Hour a.m. p.m.

## Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

Death occurred at

Aug 12, 1962 to Nov 16, 1963 - Nov 16, 1963  
11:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

Denton Wilson, D.O.

## (Degree or title)

## 22b. ADDRESS

Eminence, Mo.

## 22c. DATE SIGNED

11-20-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

11/19/63

## 23c. NAME OF CEMETERY OR CREMATORY

New Eminence Cem.

## 23d. LOCATION (City, town, or county)

Eminence, Missouri

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Duncan Funeral Home Mtn. View, Mo.

## 25. DATE RECD. BY LOCAL REG.

Nov 20 1963

## 26. REGISTRAR'S SIGNATURE

Ernest R. [Signature]

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

To Dr. # P.M. 11/18/63  
Rec'd from Dr. 9:30 A.M. 11/26/63  
To Local Reg. 9:45 A.M. 11/26/63

NOV 17 1964

Revised Permit obtained

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Charles D. Bastian*

Licensed Embalmer No. 5107

P. O. Address Wichita, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.